

Sign Language Interpreter Registration

REGISTRATION

- ☐ First time/new registration
- ☐ Change of information/Renewal

Change of information listed on this form must be reported by submitting a new registration form to the Office of the Deaf and Hard of Hearing (ODHH) within 10 days of the change.

PERSONAL INFORMATION

APPLICANT'S NAME				DATE OF BIRTH (MM/DD/YYYY)
MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
FIRST TELEPHONE NUMBER (INCLUDING AREA CODE) () - <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile				
SECOND TELEPHONE NUMBER (INCLUDING AREA CODE) () - <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile				
EMAIL <div style="text-align: right;"><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile</div>				

AVAILABILITY

I am currently employed or have a contract with the following Interpreter Referral Agency(ies) under which I will be providing interpreting services (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> ASL Professionals | <input type="checkbox"/> DSHS Independent Contractor | <input type="checkbox"/> SEWSCDHH |
| <input type="checkbox"/> All Hands CIS | <input type="checkbox"/> EWCDHH | <input type="checkbox"/> Sign For Life |
| <input type="checkbox"/> CODAs Plus | <input type="checkbox"/> Hand Dancer | <input type="checkbox"/> Signing Resources and Interpreters |
| <input type="checkbox"/> Columbia Language Services | <input type="checkbox"/> Language Fusion | <input type="checkbox"/> SignOn |
| <input type="checkbox"/> Cross Cultural Communications | <input type="checkbox"/> NW Interpreters | <input type="checkbox"/> Universal Language Services |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

I am generally available on (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Days; Monday – Friday; 8 a.m. – 5 p.m. | <input type="checkbox"/> 24/7; 24 hours / 7 days a week |
| <input type="checkbox"/> Nights; Monday – Thursday; 5 p.m. – 8 a.m. | <input type="checkbox"/> Emergencies: four hour notice/confirmation |
| <input type="checkbox"/> Weekends; Friday, 5 p.m. – Monday, 8 a.m. | <input type="checkbox"/> Holidays |

COMMUNICATION MODE(S)

I predominantly use the following three (3) communication mode(s) ranked first through third (1, 2, and 3):

- | | | | |
|----------------------------------|------------------------|------------------------------|------------|
| _____ ASL | _____ PSE | _____ SEE | _____ Oral |
| _____ Tactile | _____ Minimal Language | _____ Other (specify): _____ | |
| _____ Close-Vision Sign Language | | | |

Sign Language Interpreter Registration

CERTIFICATION

Check one (1) of three (3) options below:

☐ **OPTION ONE:** NIC certificate issued by the Registry of Interpreters for the Deaf

My NIC certification level is: _____ and I was certified on (MM/DD/YYYY): _____

I completed the knowledge, interview and performance tests. I have attached a photocopy of my RID membership card showing my current certification level(s) with my registration form.

☐ **OPTION TWO:** Certificates issued by RID and/or NAD.

My NAD certification level is: _____ and I was certified on (MM/DD/YYYY): _____

My RID certification level is: _____ and I was certified on (MM/DD/YYYY): _____

I have attached a photocopy of my RID/NAD membership card showing my current certification level(s) with my registration form.

☐ **OPTION THREE:** I am a non-certified sign language interpreter. I understand I must be certified within five (5) years from the date of my initial registration with ODHH. I have attached three (3) reference letters from a deaf customer, a certified interpreter, and an agency/business with my registration form. I understand a representative of a DSHS agency cannot submit a reference letter.

EXPERIENCE / SETTING

I started working in the interpreting profession on (MM/YYYY): _____

I am experienced and willing to interpret in the following settings (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Medical | <input type="checkbox"/> Drug and Alcohol |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Business | <input type="checkbox"/> Rehabilitation/Vocational |
| <input type="checkbox"/> Legal/Court | <input type="checkbox"/> Administrative Hearing | <input type="checkbox"/> Minimal Language Skills |
| <input type="checkbox"/> Platform | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Deaf/Blind: Tactile or CloseUp |
| <input type="checkbox"/> K – 12 Education | <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Children and Adult Protective Services | <input type="checkbox"/> Socio-Economic Benefits | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Technology | | |
| <input type="checkbox"/> Other (specify): _____ | | |

EDUCATION AND TRAINING

I was _____ years old when I started signing. My background in sign language started because (check all that apply):

- ☐ Parents, family members signed to me
- ☐ Deaf friend(s) signed to me
- ☐ Became involved with the Deaf community then learned to sign
- ☐ Took ASL/Deaf studies course(s) in high school
- ☐ Took ASL/Deaf studies course(s) at a college/university
- ☐ Took ASL/sign language course(s) at: ☐ nonprofit serving deaf ☐ adult education

Sign Language Interpreter Registration

EDUCATION AND TRAINING (Continued)

I have a high school diploma or GED equivalent: ☐ Yes ☐ No

My background in education and training is as follows:

NAME OF SCHOOL	TYPE OF DEGREE	FIELD OF STUDY	ITP?	YEARS ATTENDED	GRADUATION DATE (MM/YYYY)
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		

DEMOGRAPHIC INFORMATION - OPTIONAL

1. Are you: ☐ Hearing ☐ Hard of Hearing ☐ Deaf
2. Do you have deaf family members? ☐ None ☐ CODA ☐ Sibling of Deaf Adult
☐ Other (specify): _____
3. Gender: ☐ Female ☐ Male
4. a. Are you of Hispanic Origin? ☐ Yes ☐ No
b. Question 4.a. is about ethnicity, not race. Please also mark one or more boxes to indicate what you consider your race to be:
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian Pacific Islander
☐ Other (optional): _____

SELF - DISCLOSURE

Please review and check all that apply to you.

1. ☐ Your RID or NAD membership and/or certification has ever lapsed.
2. ☐ You have ever had any substantiated allegations of a code of ethics violation pertaining to interpreting/transliterating practice by any certifying body or other agency.
3. ☐ You have ever had an interpreter/transliterating Quality Assurance credential/state licensure denied, revoked, or suspended.
4. ☐ You currently have any pending actions related to a denial, revocation, or suspension of any interpreter/transliterating credential / licensure.

If you checked any of the questions above, please attach a letter explaining the circumstances in detail. Please be sure to provide the date, the state, and information regarding the crime and/or findings.

My signature on this registration form authorizes DSHS to review and/or obtain conviction records from the Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the results of this background check will be kept in total confidence and may be released to or reviewed by DSHS when monitoring contract compliance. Any convictions or findings resulting after ODHH registration and approval shall be reported to ODHH within two working days. I have attached a copy of the DSHS Form 09-653, Background Authorization.

Sign Language Interpreter Registration

DECLARATION

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- ☐ I certify that the information which has been provided is true to the best of my knowledge.
- ☐ I have read/understand the current NAD-RID Code of Professional Conduct and agree to abide by it.
- ☐ I understand that some of my information will be on the DSHS website and Directory of Interpreters.
- ☐ I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment." A copy of the DSHS Form 03-023, Report of Outside Employment, is attached.

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

REGISTRATION SUBMITTAL

Complete/attach the following required documents:

- DSHS Form 17-155, Sign Language Interpreter Registration
- Copy of RID Membership Card
- DSHS Form 09-653, Background Authorization
- DSHS Form 02-573, Background Check Identification Verification
- State employees: DSHS Form 03-023, Report of Outside Employment
- Non-certified interpreters: three (3) reference letters from one (1) deaf consumer; one (1) certified interpreter; and one (1) agency/business (non-DHSH customer).

Submit these documents to:

Department of Social and Health Services
Office of the Deaf and Hard of Hearing
PO Box 45301
Olympia, WA 98504-5301